Confined Space Rescue Technician Check List

State Form 99999 (7-08)
DEPARTMENT OF HOMELAND SECURITY

INSTRUCTIONS:
1. This form is intended to be used as a record of the student's performance of each skill listed and its associated National Fire Protection Association (NFPA) objective.
2. This form will serve as the permanent record for the practical skills testing of Airport Firefighter.
3. This form should be used for the evaluation of the student; however, the evaluator should refer to the Indiana Department of Homeland Security Practical Skills book and NFPA standards for additional guidance on the proper completion of the demonstrated skill.
4. Report any errors or problems to the Indiana Department of Homeland Security Certification section at 1-800-666-7784.

REMINDER: A skill may not be evaluated by the instructor who taught that skill.

Name of student (last, first, middle)		Driver's license number	Firefighter certification number
Name of fire department / agency			County
Location of test			DHS course number

SKILL	OBJECTIVE	DATE (month, day, year)	PASS / FAIL	SIGNATURE OF EVALUATOR
Hazard Recognition	NFPA 1670 2004 Edition, 7.4.3 (1)			
Rescue Procedures	NFPA 1670 2004 Edition, 7.4.3 (3)(2); 7.4.4 (4)			
Patient Packaging	NFPA 1670 2004 Edition, 7.4.3 (3); 7.4.4 (4)			
Retrieval Systems	NFPA 1670 2004 Edition, 7.4.3 (3); 7.4.4(4)			

LEAD EVALUATOR CERTIFICATION OF SKILLS
I hereby certify that the student identified on this form has successfully completed all of the practical skills listed above. Falsification of this information may result in disciplinary action against the instructor or evaluator by the Board of Firefighter Personnel Standards and Education.

Signature of lead evaluator	Printed name of lead evaluator	Certification number	Date (month, day, year)